

**Stattler, Johansen & Adeli, LLP**  
1875 Century Park East  
Suite 1050  
Century City, CA 90067

**RECEIVED**  
**CENTRAL FAX CENTER**  
**MAR 30 2005**

---

**confidential**  
**fax**

**To:** USPTO  
**Fax Number:** +1 (703) 8729306

**From:** Maria Moncada  
**Fax Number:** 310 785 9558  
**Business Phone:** 310 785 0140  
**Home Phone:**

**Pages:** 2  
**Date/Time:** 3/30/2005 11:12:40 AM  
**Subject:** RE: CHANGE OF CORRESPONDENCE ADDRESS

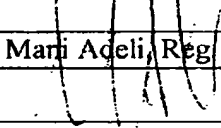
---

PTO/SB/122 (05-03)

Approved for use through 11/30/2005. OMB 0651-9035  
Patent and Trademark Office: U.S. Department of Commerce

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	10/610,960
	<b>Filing Date</b>	06/30/2003
	<b>First Named Inventor</b>	Ramin Shahidi
	<b>Group Art Unit</b>	3737
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	STAN.P0010CON

Please change the Correspondence Address for the above-identified patent to:		<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>MAR 30 2005</b>	
<input checked="" type="checkbox"/>	Customer Number	48947	
<b>Firm or Individual Name</b>	Stattler, Johansen & Adeli LLP		
<b>Address</b>	1875 Century Park East, Suite 1050		
<b>Address</b>			
<b>City</b>	Los Angeles	<b>State</b>	CA <b>ZIP</b> 90067
<b>Country</b>	USA		
<b>Telephone</b>	310-785-0140	<b>Fax</b>	310-785-9558
<p>This form cannot be used to change the data associate with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed.</p> <p><input type="checkbox"/> Attorney or agent of record.</p> <p><input checked="" type="checkbox"/> Attorney or agent acting in a representative capacity under the provisions of §§ 1.33(b)(2) and 1.34(a)</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.</p>			
<b>Typed or Printed Name</b>	Marti Adeli, Reg. No. 39,585		
<b>Signature</b>			
<b>Date</b>	March 30, 2005		
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.